

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3451 Sidney St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3451 Sidney St. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Melina Teichmann
3. (b) If veteran, name war -- 3. (c) Social Security No. ---
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Nov. 15 1861
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
86 8 8 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23
year 1948 hour 10 minute 10 P. M.
21. I hereby certify that I attended the deceased from March
1948 to July 1948
that I last saw her alive on July 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 2 wks
Due to family
Arteriosclerosis
Myocarditis

9. Birthplace New Baden Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business _____
12. Name Valentine Heinzmann
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 09
(City, town, or county) (State or foreign country)
16. (a) Informant Pauline Teichmann
(b) Address 3451 Sidney
17. (a) Burial (b) Date thereof 7/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Wacker-Wilde
(b) Address 3634 Gravois Ave.
19. (a) J. F. Brascard (b) _____
(Date) (Registrar's signature)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Arnold K. Klein (M. D. or other) MD
Address 2632 S. Kingshighway Date signed 7-27-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert C Wheeler

Licensed Embalmer No. 2628

P. O. Address Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.